

Optimal use of laboratory tests *In Vivo* Bleeding Time

TARGET USERS

Health professionals involved in ordering laboratory tests.

OBJECTIVE OF THE TOOL

To support health professionals in the judicious use of clinical laboratory testing.

This clinical tool is provided for informational purposes only and does not replace the clinician's judgment in the exercise of activities reserved to them by law and regulation.

❌ THE *IN VIVO* BLEEDING TIME IS NOT INDICATED, REGARDLESS OF THE CLINICAL SITUATION.

- This test should no longer be ordered in routine clinical practice.
- More accurate and reliable alternative tests are available (see the following section).

OTHER CONSIDERATIONS

In the presence of suspected¹ or in monitoring coagulation or hemostasis disorders, certain laboratory tests may be considered **depending on the clinical context and specific needs**, including:

- Platelet function (PFA-100)
- Complete blood count (CBC) with platelet count
- Fibrinogen level
- Activated partial thromboplastin time (aPTT)
- Prothrombin time (PT)
- Factor VIII activity
- Von Willebrand factor

1. The use of an assessment tool may be considered to evaluate bleeding risk in individuals not receiving antithrombotic therapy.

RELEVANCE ISSUES

- Obsolete test
- Little to no clinical benefit
- Risk of misdiagnosis due to test performance limitations
- Difficult to perform in children
- Potential complications: local pain, infection, hematoma, risk of scarring from the incision

INFORMATION ON THE TEST

- The test measures the time it takes for bleeding to stop after a standardized incision is made to the skin, typically on the anterior forearm.
- Many jurisdictions have removed bleeding time from their list of available laboratory tests.

Test Performance

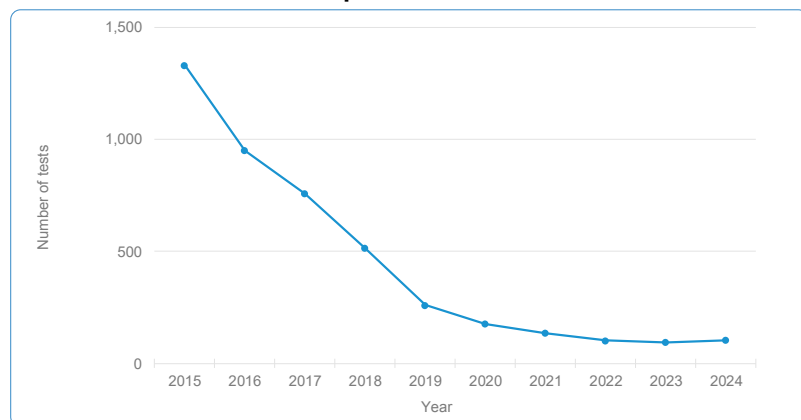
- Low sensitivity and specificity.
- Results are poorly reproducible.
- No established correlation between test results and a patient's actual bleeding risk.
- Imprecise test: potential for abnormal results (false positives or false negatives) due to difficulties in interpretation.

EPIDEMIOLOGICAL DATA

Prevalence varies according to the specific coagulation or hemostasis disorder.

ADDITIONAL CONSIDERATIONS

Evolution of the number of tests performed in Quebec between 2015 and 2024



↓ **92.2%**

Decrease in the number of tests performed between 2015 and 2024



\$80 / test (2024)*

In 2024, **104** bleeding time tests were performed in Quebec. These tests represent **an estimated cost of \$8,320** for the same period.

* The cost reflects a weighted value that accounts for the human and material resources required to perform the test. It excludes costs related to infrastructure and clinical and medical staff salaries. For more details, see the [methodology](#).



Avoiding ordering low-value laboratory tests helps **optimize** the use of **human resources within the healthcare system**, **while also reducing the carbon footprint** by:

- Reducing the use of medical supplies
- Reducing energy consumption
- Limiting patient travel

The recommendations were developed using a systematic approach and are supported by the scientific literature as well as the knowledge and experience of Quebec clinicians from diverse specialties and areas of expertise. For more details, see [inesss.qc.ca](https://INESSS.qc.ca).

For more details, including references, refer to the [associated report](#).

For any questions relating to clinical tools, write to info-outils.cliniques@inesss.qc.ca.

